



# IMMACULATE CONCEPTION SCHOOL

409 Palmer Road  
Columbia IL 62236  
618-281-5353  
www.icscolumbia.org

To Whom It May Concern:

\_\_\_\_\_ has enrolled in the \_\_\_\_\_ grade at Immaculate Conception School. Previous attendance at your school has been indicated. Please forward to us all information on health, academic, and testing results for our confidential use in dealing with the growth of this student.

Thank you for your cooperation.

David Gregson, Principal

## PERMISSION FOR RELEASE OF SCHOOL RECORDS

I hereby grant permission for

\_\_\_\_\_ (school)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city, state, zip)

to release any and all school records to Immaculate Conception School where the student now attends.

\_\_\_\_\_  
Name of the Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permission Granted By

\_\_\_\_\_  
Relationship